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ABSTRACT

Stresses confronting Asian refugee students in the United States begin with the flight process itself and include the following: those within the family system (role changes, values, attitudes, and behavior); those related to the home culture (survivor guilt, post-traumatic stress, identity and marginality, and generation gaps); those within the mainstream society (school, work, language and cultural barriers); those related to aspirations (education, career, and family); and those related to high risk groups (single male adolescents, single parents, Amerasians, ex-military, clergy, and elderly). Typically, the initial period of up to a year devoted to meeting basic needs is followed by a period of depression and secondary migration, sometimes occurring much later. Crisis intervention can take several approaches: spiritual, physical (biochemical), and psychosocial. In the refugees' native countries, the teacher played a key social role, and in the United States, a similar role is often ascribed to the teacher of English as a second language. When it is appropriate or necessary for the teacher to intervene, he or she is helped by understanding the process of intervention, some active and passive techniques for cross-cultural treatment, and situational and cultural clues to the problem and its solution. (MSE)

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Crisis Intervention for the ESL Teacher: Whose Problem Is It?

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Working with a student from another cultural background has been a challenge and a motivational factor for all ESL teachers. Working with multi-level refugee students is something most of us have learnt to thrive on. However, dealing with a crisis, especially one precipitated by a mental health issue is simply neither part of our training background, nor something that most of us would visualize being confronted within the space of the ESL classroom.

The statistics are there, lest we choose to ignore them. Rumbaut(1984) discovered that almost every one out of two refugees entering this country will face depression within their lifetime, this compared to the American mainstream ratio of one out of ten. Starr(1978) reviewed stressors faced by the refugee communities and find no comparable item for the general public on the mainstream scale: loss of country, loss of culture, loss of family member(s), loss of status, loss of way of life, all these losses compounded by the advent of culture shock thrust upon groups of people who are coming to the country of resettlement with very high expectations and minimal training and employment skills. A University of Hawaii study conducted by the School of Social Work revealed that the Vietnamese suicide rate in the state for the five-year period, 1978-1982, was 24.6 per 100,000, over twice the national average of 11.9 per 100,000 reported for 1980 in Morbidity and Mortality Weekly Reporter(5/21/85), this in a state with an extensive Asian community support system.

This article will review the stressors confronting the refugee student, focus on the role(s) the ESL teacher fills for his(her) students, and outline a series of guidelines for the teacher's usage in a crisis intervention situation.

Stressors in refugee resettlement

In the "Special Report: Physical and Health Care Needs of Indochinese Refugees"(1980), Court Robinson listed the problems identified by a national mental health task force in order of frequency: depression, anxiety reactions, marital conflict, intergenerational conflict, school adjustment problems, psychosomatic symptoms including fatigue, dizziness, weight loss, nausea, headaches, chest pain and insomnia. The frequency and severity of these problems have been repeatedly reported throughout the country in terms of rising incidences of health

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symptomatology with no organic basis, anecdotes of severe and unresolved grief reactions, post-traumatic delayed stress and high rates of family conflict and break-up.

First and foremost amongst the stressors the refugees encounter is the flight process itself. For almost all refugees it is a long, arduous, dangerous, complex and frequently hazardous process. The United Nations Higher Commissioner for Refugees, working through the assistance of host governments and donor countries, is mainly responsible for the welfare of these groups from the flight from their homeland and subsequent arrival to holding camps to their eventual assignment to a country of resettlement. ¶ Once in the country of resettlement, the process is even further impacted by culture shock and displacement. Just the overflow of new information and resources can become another source of confusion, difficulty and trauma. Improved federal policy and local input into the service delivery process have minimized the isolation process which once was prevalent with the policy of dispersion. ¶ However, the stress on "employment first" have exerted additional pressure on local and state systems, which are continually experiencing frustration in finding employment for their own indigenous clients. In a mental health needs assessment conducted with service providers in eight Southeastern U.S. states, respondents indicated that "mental health" problems, per se, did not surface however during this initial period of arrival. Rather, in a Maslowian hierarchical structure, psychosomatic symptoms, depression and other indicators of stress are exhibited in the context of the emergency room most often after the first year, when basic needs such as finding suitable housing, putting children into school, securing the first job have already been met and things are expected to get better. These developmental and situational crises seem to crop up again around permanent residence status application and then naturalization application times.

Table I: Acculturation Timeline

6 mths	1-2 yrs.	3 yrs.	2-3 yrs
x-----xx-----xxx-----xxxx-----xxxxx-----			
Flight	Encampment	Primary	Permanent
		Resettlement	Residence
			Citizenship

A significant amount of secondary migration has occurred after the primary resettlement for a number of different reasons: reunification with extended family members and friends, dissatisfaction with climate or community, lack of employment,

breakdown of sponsor relationship and ensuing loss of face with ethnic community. Secondary migration usually resulted in continuing "problem" resettlement, because the "problems" have simply been transferred to a different geographic location. As a rule, they tend to occur in inner city neighborhoods with low cost rental housing, availability of low level employment, and proximity to members of the same ethnic community.

Rumbaut pointed out that the 6 month - 1 year after initial resettlement period is typically a period of toil and physical hardship as well as one of discovery and new learning. The mood of the newcomer during this phase is one of elation and joy. Subsequently however, depression sets in after the first basic needs are met. He went on to ascertain that although most refugees manage to cope with the ensuing depression and difficulties, very few will return to the elation period of those first six months. Researchers, keying on the different S.E. Asian refugee waves in terms of their ethnic origin, socioeconomic status, degree of urbanization, prior education and employment, have hypothesized that depression coincides for the 1975 group with their citizenship and the graduation of their children from high school, approximately 7 to 9 years after their arrival. For the subsequent waves, the time frame is much shorter, anywhere from 3 to 5 years, due to the increasing hardship of their flight experience coupled with rising expectations concerning family reunification and life in the U.S.

Who do refugees go to when they need help? Cross-cultural factors play a key role in the expectations of the person seeking help and the perceived helper. Table II looks at the three different modalities of intervention through time. It has become increasingly clear that in the spiritual and the bio-chemical modalities, the emphasis is placed on the ability of the helper, be that person a physician or an elder member of the extended family system, to provide immediate solution and guidance. In the psycho-social modality, the focus is on the ability of the individual to "do for self" through ventilation and verbalization.

This is further exacerbated for both helper and client when one considers the language and culture barriers that both sides have to overcome to arrive at an accurate diagnosis and an effective treatment plan. Service providers have told us repeatedly that working through a translator is not the ideal situation, especially if the translator is untrained. It is essential for us to note here that the bilingual paraprofessional, serving as translator, plays a dual role. For the client and the community, this person explains linguistically and culturally "how" things

Table 11: Modalities of Intervention

<u>Mode</u>	<u>Helper</u>	<u>Expectation</u>
1. Spiritual	Extended Family Clergy, Monks Shaman, Soul Callers	Advice Solutions
2. Physical (Bio-chemical)	Herbalist Physician Nurse	Diagnosis/Treatment Medication Injection
3. Psycho-social	Psychologist Counselor Social worker	Ventilation Feelings Self-concept

get done. For the agency, he/she has to explain "what" the perceived problem is. This same person is an "American" for his/her ethnic group and a "refugee" for the mainstream. It is a position of risk and compromise for which few people either has the training or the ability to fulfill.

The Role of the Teacher

When we asked translators to literally define "mental health" in their language, they cannot come up with a term for it. A Mental Health Center becomes a "crazy hospital". Depression becomes "extreme sadness" or "sickness of the nerves", or of "the heart", or of "the liver" depending on the ethnicity of the translator. Labeling the problem alienates the refugee client further from any support system they may have had. This is another reason why a refugee may sometime appear quite resistant to talk to someone from their own ethnic group about their problem for fear of ostracism and rejection from the group.

In their country of origin, the teacher has always played a key role. The teacher controls the gates of knowledge in a structure where literacy is more the exception than the rule. In the old mandarin structure, and to a great extent, under colonialist rule, the teacher is always at the top of the caste system (Si, Nong, Cong, Thuong: Teacher, Farmer, Laborer, Trader). Their initial experience with the new society reinforces that belief: when you have a problem, the ESL teacher can frequently help you or show you how to get the problem taken care of. Teachers have identified for us the numerous roles they take on within their

instructional capacity: cultural translator, surrogate parent, driver, appointment keeper, "father confessor", advocate, counselor, friend, mediator, explainer of rules and explainer of "how to get around rules".

Guidelines for Crisis Intervention

When the "gift" of a problem is offered to the helper, it is crucial to us as a helper to assess the severity of the problem at hand. If the expectation is for us to solve the problem, solving it may help meet the refugee's expectations, but it may also create a dependency pattern. If the situation is one involving danger for the client to self and others, we may not have the choice but to step in and take an appropriate course of action. Following are seven procedural steps outlining a crisis intervention:

1. Pre-planning
2. Physical support
3. Assessment
4. Resources utilized to date
Treatment plan
5. Referral
6. Follow-up
7. Closure

In addition to these crisis intervention steps, there are also some cross-cultural treatment considerations we have found very useful in our clinical setting. These would fit well into the kinds of background cross-cultural information and student data teachers usually look for in the context of a classroom:

1. What are the issues? problems? people involved?
2. Would this have been a problem in culture of origin?
Or is it a result of the experience of flight? or of culture shock?
3. If this had been a problem in culture of origin, who would have been the natural helpers? Are they available here? Ensuing expectations? Outcomes?
4. What resources have been utilized to date? Natural consequences of situation? of intervention?
5. What course of action could you take that would most likely create a worse outcome?

Finally, these are some cultural tips dealing with non-verbal behavior, attitudes, values and behaviors that have proven helpful to teachers, counselors and professionals we have worked with. We have separated them into "passive" and "active"

strategies, not that the active strategies require any more "doing" than the passive ones, but that in terms of timing, you may choose as a teacher to start with a new student with the passive steps first before moving on to the active, which come later within the change process and as students become more familiar and comfortable with the new culture's "direct" communication/confrontation style:

PASSIVE

1. Observe patterns of interaction (work, play, lunchroom, etc...)
2. Watch non-verbal behavior in different contexts (within same ethnic group, with other LEP students, with American friends)
3. Pay attention to any sudden change of behavior (social interaction, appetite, work, etc...)

ACTIVE

1. Encourage these, even if they do not conform to mainstream behavior
2. Show "American" characteristics through role modeling
3. Encourage new roles ("gradual adaptation")
4. Seek parent participation and reaction to school activities/functions
5. Encourage all students in their interest/interaction with each other's cultural background.

In the final outcome, the challenge of working with the refugee student is frequently its very own reward. Students come back to visit year after year, and talk continuously about the difference that the ESL teacher has made in their acculturation to this new country and the trust and support that they provided. That is the best definition of "mental health" service delivery that we can think of, which is provided without any labeling involved. In the age of the Global Village, we can only point to the central and pivotal role of the ESL classroom teacher in providing not only language and culture, but a sense of hope and faith in the human ability to learn and grow.

Annaheim, California
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Stressors in the refugee resettlement process

Within the family system

Role changes: adult - child
 male - female
 elderly

Values, attitudes & behaviors: extended vs. nuclear
 close vs. open
 group vs. self
 cooperative vs. competitive

With the old culture: focus on the past

Survivor's guilt & post-traumatic delayed stress

Self-identity & marginality

Generation gap

Within the mainstream society: focus on the present

The institution of the school

Work

Language barriers

Cultural barriers (time, communication patterns,
interpersonal relationships)

Aspirations: focus on the future

Education

Careers

Family

Special considerations: High Risk Groups

Single male adolescents - UMR's

Ex-military

Single parents(homebound women with children)

Clergy

Amerasians

Elderly